*"People
helping people
help
themselves"*

February 24, 2009

This CRO Update document is intended to share common questions and tips to be considered when navigating and using the Provider Account Management (PAM) system.

Child ID
What child ID should I be using?
The child ID used to look up authorizations in PAM is the child ID provided by the SPOE. The child ID should not have a '950' prefix as the first 3 digits of the ID number (the actual ID is 9 digits long). Please refer to the documents and information you have received from the SPOE to identify the child ID number.

ICD9 Codes
Why do I need an ICD9 code to submit my claims?
Valid ICD9 codes on your claims are critical-- for you as a provider, for the state program, as well as for families. ICD9 codes allow you to capture and report on the specific area or diagnosis that relates to the service you are providing. A code that is incorrect or one which does not match up with one that has been obtained from a physician will not get reimbursed by families' insurance.

How do I ensure I am using the most appropriate ICD9 code?
As you have been submitting claims, you will notice that an ICD9 code is required for submission of provider claims. If you cannot find an ICD9 code for a child you are serving (remember that this information is usually located on the physician's health summary form or section 3, page 2, of the IFSP. You may also (depending on the type of service you provide) have a signed script from a physician with an appropriate ICD9 code. You should ensure that you have one or more of these types of documentation to verify that the code(s) you are using are correct.

What if I can't find the ICD9 code?
If you are unable to locate or read the ICD9 code, please email the SPOE with the child's name and DOB, indicating that you are in need of the diagnosis code. Please do NOT call the SPOE requesting your diagnosis codes.

When selecting between diagnosis codes, you should use the code that best relates to the service that you are providing. If you were provided a more specific diagnosis by a physician, this would generally be the preferred diagnosis code. All diagnosis entered into the billing system must be provided by a physician.

Authorizations
How can I find an authorization?
The PAM system allows you to search for authorizations in a variety of ways. Please see page number 91 of the PAM Reference Manual (**"How Do I View the Details of an Authorization from the Claim History List?"**) for details on the ways you can search for an authorization.

What if I cannot find an authorization?
If you have followed the directions from the PAM reference guide and you are still unable to view an authorization, it may be a result of the following search filter (pictured below), that allows you to only see the 'active authorizations' you currently have available. On the 'Authorization List' page, you should see a box on the left hand side of the screen which is check-marked by default and notes 'show active only.' If you uncheck this box, you will see your full authorization history and the status of the authorizations.

Search Filter

☑ Show Active Only

If you continue to encounter problems, you will need to contact the SPOE to ensure the authorization was data entered (via the local process SPOEs use to follow up on data entry inquiries). If they verify the data entry and the authorization number (the authorization number generated at the SPOE is the same authorization number that displays in PAM), you should ensure you are entering the authorization number correctly, or try to search by the child's name, or even your name, as these are all search options available in PAM. You may also contact the CSC helpdesk if you continue to encounter problems at 866-339-9595.

Prorating Number of Occurrences

For weekly services, the "week" starts on Sunday and will contain a full week's worth of units even if a partial week is authorized. A "month" is a calendar month, with partial months determined by a cut off on the 17th of every month. If an authorization starts on or after the 17th of the month, units for only half of the occurrences will be authorized. In cases where the occurrences for the month are an odd number, we will round up. For example, if an authorization is for 60 minutes (4 units), 3 times a month, and it starts on or after the 17th, the provider will be authorized 2 occurrences of 60 minutes, or 8 units. Similarly with end dates, if an authorization ends on the 17th or later, then units for all occurrences are authorized. If the authorization ends before the 17th, then only half the occurrences are authorized. The exception is an authorization that starts and ends within the same calendar month, which is always authorized as a full month no matter when the start and end dates fall.

Examples of weekly proration:

· An authorization is specified as 3 units per week. The Start Date is a Tuesday, and the End Date is a Thursday several weeks later. The first week is Tuesday through Saturday, and the last week is Sunday through Thursday. Three units may be paid during the first week, and three units may be paid during the last week.
· An authorization is specified as 3 units per week. The Start Date is a Tuesday, and the Cancel Effective Date is two days later, on Thursday. The first and only week is Tuesday through Thursday, and three units may be paid.

Examples of monthly proration:

1. Authorization of 2 units, 3 times per month, 2/20/2009 to 2/28/2009
· Allow for February: 6 total units (based on 3 occurrences)

2. Authorization of 2 units, 3 times per month, 2/20/2009 to 4/17/2009
· Allow for February: 4 total units (based on half of 3 occurrences, rounded to 2 occurrences)
· Allow for March: 6 total units (based on 3 occurrences)
· Allow for April: 6 total units (based on 3 occurrences))

3. Authorization of 2 units, 3 times per month, 2/20/2009 to 3/16/2009
· Allow for February: 4 total units (based on 2 occurrences)
· Allow for March: 4 total units (based on 2 occurrences)

Online Access Form
Should I fill out an Online Access Form if I do not do my own billing?
First Steps requests that all providers submit an Online Access Enrollment form. The Provider Account Management (PAM) system includes a communications utility for First Steps to distribute communications to the provider community and, in addition, First Steps may elect to require providers to attest to agreements which may be posted to the PAM system. These are the reasons for which First Steps requests all providers to submit an Online Access Enrollment form even if they will not be submitting claims online. Providers may also view and print authorization information from within PAM.

Matrix Page
CSC has been made aware that there are situations where provider addresses and fax numbers are not appearing correctly on Matrix pages. This issue is currently being worked on, and we politely ask that you do not contact the Helpdesk at this time regarding this matter. First Steps anticipates that information surrounding this issue will be available by the end of the week.

1099s for 2008
- All 1099s for First Steps providers were mailed out on January 28, 2009.
- You will not receive one if you made less than $600.00 for 2008.
- If you did not receive your 1099 in the mail, please call the EDS Provider Customer Assistance number at 1-800-577-1278 Option 2. You will get this message: *Please listen carefully for our menu options have changed. For Pharmacy claims please press 1. For Client Services, or questions regarding your First Steps 1099 form, please press option 2 or stay on the line for the next available agent.*
- Your W-9 address must match the address on the 2008 1099 form. EDS may not send out a 1099 to another address that is not listed on the W-9. You will need to submit an updated W-9 to EDS in order to receive your 1099 for 2008.